

**Application Data Sheet****APPLICATION INFORMATION**

Application Number:: Unassigned  
Filing Date:: September 16, 2005  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD Disks:  
Number of Copies of CDs::  
Sequence Submission?::  
Computer Readable From (CRF)?:: No  
Number of Copies of CRF::  
Title:: DEVICE FOR FIXING A CATHETER TO THE BODY  
OF A PATIENT  
Attorney Docket Number:: 403504  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 7  
Small Entity?:: No  
Latin Name::  
Variety denomination name::  
Petition Included?:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: No

## APPLICANT INFORMATION

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: France  
Status:: Full Capacity  
Given Name:: Francis  
Family Name:: NAVARRO  
City of Residence:: Montpellier  
State or Prov. of Residence::  
Country of Residence:: France  
Street of mailing address:: 26 Avenue de la Croix du Capitaine  
Bâtiment F  
City of mailing address:: Montpellier  
State or Province of mailing address::  
Country of mailing address:: France  
Postal or Zip Code of mailing address:: 34000

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: France  
Status:: Full Capacity  
Given Name:: Jacques  
Family Name:: LE BOZEC  
City of Residence:: La Chapelle Erbree  
State or Prov. of Residence::  
Country of Residence:: France  
Street of mailing address:: Le Grand Village  
City of mailing address:: La Chapelle Erbree  
State or Province of mailing address::  
Country of mailing address:: France  
Postal or Zip Code of mailing address:: 35500

## **CORRESPONDENCE INFORMATION**

Correspondence Customer Number:: 23548  
Phone:: (202) 737-6770  
Fax:: (202) 737-6776  
E-mail Address:: dcmal2@leydig.com

## **REPRESENTATIVE INFORMATION**

Representative Customer Number:: 23548

Representative Designation::      Registration Number::      Representative Name::

## **DOMESTIC PRIORITY INFORMATION**

Application::      Continuity Type::      Parent Application::      Parent Filing Date::  
This Application      National Stage of      PCT/FR2004/000560      03/09/04

## **FOREIGN APPLICATION INFORMATION**

Country::      Application Number::      Filing Date::      Priority Claimed  
France      03 03 350      03/19/03      Yes

## **ASSIGNEE INFORMATION**

**Assignee name::**

**Street of mailing address::**

**City of mailing address::**

**State or Province of  
mailing address::**

**Country of mailing  
address::**

**Postal or Zip Code of  
mailing address::**